

06/17/98

09093544-061798

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 2355.10102	
		First Named Inventor or Application Identifier	
		TAKAAKI ENDO, ET AL.	
		Express Mail Label No.	
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i></p><p>2. <input checked="" type="checkbox"/> Specification <span style="float: right;">Total Pages <input type="text" value="51"/></span></p><p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <span style="float: right;">Total Sheets <input type="text" value="25"/></span></p><p>4. <input checked="" type="checkbox"/> Oath or Declaration <span style="float: right;">Total Pages <input type="text" value="2"/></span></p><div style="margin-left: 20px;"><p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p><p>b. <input type="checkbox"/> Unexecuted for information purposes</p><p>c. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>(Note Box 5 below)</i></p><p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p></div><p>5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4c is checked)</i> <small>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</small></p></div><div style="width: 48%;"><p>6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i></p><p>7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p><div style="margin-left: 20px;"><p>a. <input type="checkbox"/> Computer Readable Copy</p><p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p><p>c. <input type="checkbox"/> Statement verifying identity of above copies</p></div></div></div>			
<b>ACCOMPANYING APPLICATION PARTS</b>			
<p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; documents)</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Other: _____</p>			
<p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continuation</div><div><input type="checkbox"/> Divisional</div><div><input type="checkbox"/> Continuation-in-part (CIP)</div><div>of prior application No. ____/____</div></div>			
<b>18. CORRESPONDENCE ADDRESS</b>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Customer Number or Bar Code Label</div><div style="border: 1px solid black; padding: 2px; text-align: center;">Insert Customer No. or Attach bar code (PTO Form 101)</div><div><input checked="" type="checkbox"/> Correspondence address below</div></div>			
NAME		FITZPATRICK, CELLA, HARPER & SCINTO	
Address		277 Park Avenue	
City	New York	State	New York
Country	U.S.A.	Telephone	212-758-2400
		Zip Code	10172-0194
		Fax	212-758-2882



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	<b>TOTAL CLAIMS</b> (37 CFR 1.16(c))	21-20 -	1	X \$ 22.00 -	\$ 22.00
	<b>INDEPENDENT CLAIMS</b> (37 cfr 1.16(b))	7-3 -	4	X \$ 82.00 -	\$ 328.00
	<b>MULTIPLE DEPENDENT CLAIMS</b> (if applicable) (37 CFR 1.16(d))			\$270.00 -	\$ 0.00
				<b>BASIC FEE</b> (37 CFR 1.16(a))	\$ 790.00
	Total of above Calculations -				\$1140.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
	<b>TOTAL -</b>				<b>\$1140.00</b>

19. Small entity status

- a. ☐ A Small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

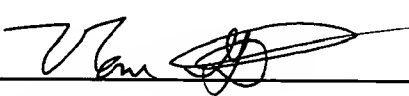
20. ☒ A check in the amount of \$ 1140.00 to cover the filing fee is enclosed.

21. ☒ A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☐ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME	T. Tom C. Gellenthien, Reg. No. 39,683
SIGNATURE	
DATE	June 17, 1998